



Application for Licence to Keep Dangerous Wild Animals

Dangerous Wild Animals Act 1976

Please fill in this form and send your completed form to: Animal Licensing High Peak Borough Council, PO Box 136, Buxton, SK17 1AQ or email Animal-licensing@highpeak.gov.uk

Details of the application

Details	Please complete in capital letters
New/Renewal:	
Existing Licence Number:	
Expiry Date:	

Details of the applicant

Details	Please complete in capital letters
Name:	Title: Surname: First Names:
Address and postcode:	
Home telephone number:	
Mobile number:	
Email address:	

Details of the premises where the animals are to be kept

Details	Please complete in capital letters
Address and postcode of premises	
Premises telephone number:	
Premises email address	

Details of animals to be kept

Details	Please complete in capital letters
Species of animal	

Details	Please complete in capital letters
Numbers to be kept	Male..... Female.....
Is it intended to breed or attempt to breed from these animals? Yes / No (please circle)	

Details of accommodation and facilities

Details	Please complete in capital letters
Type of accommodation to be used (Delete as appropriate)	Indoors Outdoors Combination of Indoors and Outdoors
Details of quarters to be used to accommodate animals, including number, size and type of construction	
Exercise facilities and arrangements	
Heating arrangements	
Method of ventilation of premises	
Lighting arrangements (natural and artificial)	
Water supply	
Type of food to be supplied and source	
Facilities for food storage and preparation	
Arrangements for disposal of excreta, bedding and other waste material	
Isolation facilities for the control of infectious diseases	
Fire precautions/equipment and arrangements in the case of fire	
Arrangements for keeping a register/record of animals	
Arrangements for minimising the disturbance from noise	

Veterinary Surgeon

Details	Please complete in capital letters
Full name of Veterinary Surgeon/Practitioner:	
Veterinary Practice trading name:	
Veterinary Practice address and postcode:	
Veterinary Practice telephone number:	
Veterinary Practice email address:	

Emergency key holder

Details	Please complete in capital letters
Do you have an emergency key holder? Yes / No (Please circle)	
Emergency key holder name	
Emergency key holder address and postcode	
Emergency key holder telephone number	
Emergency key holder email address	

Details of insurance

Details	Please complete in capital letters
Details of Insurance Policy held to cover liability for damage caused by animals	
Insurance company Name and Address	
Policy number	
Policy expiry date	

Disqualifications and Convictions

Details	Please complete in capital letters
Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from	
Keeping a dog breeding establishment?	
Keeping a dog?	
Keeping a pet shop?	
Keeping a riding establishment?	
Keeping an animal boarding establishment?	
Having custody of animals?	
If the answer to any of the above is 'yes', please provide details, including dates and circumstances	
Has the applicant, or any person who will have direct control or management of the establishment, been convicted of any offences under the Animal Welfare or Wildlife Legislation? Yes / No	
If the answer to the above is 'yes', please provide details, including dates and circumstances	

Declaration

Read the following statement carefully before signing it. A false statement may render you liable to prosecution.
<p>I am aware of the provisions of the Dangerous Wild Animals Act 1976 and I am over 18 years of age.</p> <p>The details contained in this application form and any attached documentation are correct to the best of my knowledge and belief.</p> <p>I am satisfied that the premises has the requisite planning permission for the use proposed and that such use does not contravene any planning conditions that may apply to the premises.</p> <p>I enclose the appropriate licence fee of £.....</p> <p>I declare my answers to the above questions to be correct in every respect.</p> <p>Signed: Dated:</p>

The **licensing team** will contact you within 5 working days of receipt of the application

This Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.